

WELCOME TO HIGHCLIFFE MEDICAL CENTRE

NEW PATIENT REGISTRATION FORM

Patient Name.....

Date of Birth.....

Please complete the NHS Transfer Form (GMS1 attached) and this registration form fully and return them both to a receptionist. If you are unsure about any information please speak to a receptionist either at the surgery or by calling 01425 272203.

IF YOU HAVE PREVIOUSLY LIVED ABROAD WE NEED A COPY OF ANY IMMUNISATIONS THAT YOU HAVE HAD TO-DATE.

Please bring evidence of your prescribed medication (i.e. a repeat prescription list), and if you are to be a permanent resident and require online services, also bring two forms of ID (one with a photo and one proof of address).

If you wish to access online services, please complete the Online Services section on page 7 and bring in the completed form with your two forms of ID.

IF IN THE FUTURE ANY OF YOUR PERSONAL / CONTACT DETAILS CHANGE, PLEASE ADVISE THE SURGERY WITHOUT DELAY.

There are various different ways in which you can be involved with the surgery. If you would like to find out more please visit our website at www.highcliffemedicalcentre.co.uk

<u>FOR RECEPTIONIST USE:</u> (To be filled out IN FULL)	
In Practice Area?	Yes/No
Notes: Has patient brought copy of repeat prescription list?	Yes/No
If the patient is from abroad have they provided a copy of their previous immunisations?	Yes/Nr
Patient Guide to GP Online Records given to patient?	Yes/No
If the patient requires online services and has brought in ID/ proof of address, please complete online form verifying this	Yes/No
signed and dated by receptionist: _____ Date _____	

What is your preferred method of communication?

Highcliffe Medical Centre uses text messaging and email to contact patients. We use these methods of communication to remind patients of appointments; invite them for relevant vaccinations such as flu; and contact them regarding matters relevant to their health and wellbeing.

Please tick only one: --

Letter Email Home Telephone Mobile

Do you give consent for us to contact you via text and email?

Yes No

Home number:

Mobile number:

Email:

Ethnicity

Please indicate your ethnic origin:

British or mixed British Indian African Chinese
Caribbean Irish Pakistani Bangladeshi
Decline to state

Other (please state):

Next of kin details

Next of kin	
Relationship	
Their telephone No	
Their mobile No	
Their address	

Are you a carer for someone?

YES NO

Does someone care for you?

If you have answered YES, please fill out the CRISP carer's registration form that can be found at reception. Please also ensure that you let us know if this situation changes – thank you.

About your health

Do you have any of the following conditions?

	Please tick	Year of diagnosis		Please tick	Year of diagnosis
Asthma			High Blood pressure		
COPD			Cancer		
Diabetes			Type:		
Heart Disease					

Do you have a family history of any of the following conditions? Please tick:

Asthma		Heart Disease i.e. heart attack	
Diabetes		DVT	
Cancer		Stroke	

Never Smoked			
Ex-Smoker		Date you gave it up	
Current smoker		How much do you smoke	

Your smoking status (Please tick)

If you are currently smoking we can help you to stop. We run 'smoke stop sessions' here at the surgery. Would you like help to stop smoking?

Yes No

Alcohol information 1

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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Please add up your total score.

Total score:

Alcohol information 2

Please answer also the following remaining questions:

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Please add up your total score.

Total score:

Sharing your health records

In the NHS we aim to provide you with the highest quality of health care. To do this we must keep records about your child that contain information recorded by health workers who have been involved in their care. Everyone working for the NHS has a legal duty to keep information about you confidential and this practice retains your information securely.

We will only ask for, and keep information that is necessary. We will keep it safe, accurate and as up to-date as possible in accordance with Data Protection Act 2018.

We share your information solely for the purpose of your direct care. If you are not sure why it is needed, we will explain the need for any information we ask for.

For more information regarding this please visit our website or request a leaflet from reception.

Sharing your health record for the purpose of your direct care

Do you consent to your GP Practice sharing your health records with other local organisations that care for you?

Yes *(recommended option)*

No *(not recommended)*

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

Yes *(recommended option)*

No *(not recommended)*

Your Summary Care Record (SCR)

Yes - I would like a Summary Care Record.

Express consent for medication, allergies, adverse reactions and additional information. *(recommended option)*

OR

Express consent for the medication, allergies and adverse reactions. (Basic record only).

No - Would not like a Summary Care Record - opt out. *(not recommended)*

Dorset Care Record (DCR)

If you wish to know more about this ask for a leaflet from reception. If you wish to opt out complete the form and send it to the Privacy Officer at the Dorset Care Record OR via the Opt Out page of the DCR website www.dorsetforyou.gov.uk/dorset-care-record/. We are unable to do this at the practice.

Please read the information leaflet regarding this at the end of the registration form that is attached to the online services form.

National Data Opt-out scheme

Your health records contain confidential patient information, which can be used to help with research and planning. The NHS national data opt-out allows patients to choose that their confidential information is not to be used for purposes beyond their individual care and treatment. Visit www.nhs.uk/my-data-choice for more information and to set or change your national data opt-out choice. OR call 0300 303 5678

Data for NHS Digital

I do not wish my identifiable data to leave the practice: (Tick here)

If you wish to change your preferences regarding record and data sharing you can do this at any time. Please contact the surgery on 01425 272203 or visit our website for more information.

List of current medication

Please attach your repeat prescription list.

Electronic prescribing

At Highcliffe Medical Centre we use the Electronic Prescribing Service to help our patients deal with their prescriptions quickly and easily. Using this service enables us to send your prescriptions electronically to a pharmacy so that you don't need to come to the surgery to collect your prescription. This makes the process quicker and more efficient.

If you would you like to nominate a convenient Pharmacy to which we can electronically send your prescriptions, please detail your preference below.

Name of pharmacy: _____ Location: _____

Your Signature:
Print name: _____ Date:.....

Patient Online Services

Important Information – Please read before completing form below:

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

Access to GP Online Services

Full Name:	
DOB:	
Email or Mobile number:	
Do you consent to us sending you medical information by email or text (this is used also to send your username and password for online services): <i>please circle</i>	Yes / No

Please choose how you would like information to be sent to you (tick one option)

Email or

I wish to have online access to: *Please tick all that apply*

View & book appointments

View & request medication

Access my coded medical record* (*contains any medical codes that have been recorded*)

Access my full medical record* (*contains medical codes **and** any free text that has been recorded*)

Access my Summary Care Record

*Occasionally, some entries may not be visible in your record online if they contain 3rd party data and cannot be disclosed or if your GP feels it may cause you alarm or distress.

I wish to access my medical record & understand & agree with each statement: *Please tick all that apply*

I have read and understood the 'Important Information' section below

I will be responsible for the security of the information that I see or download

If I choose to share my information with anyone else, this is at my own risk

I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement

If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Signed

Date

FOR PRACTICE USE ONLY:

Type of photographic ID provided:

Type of proof of address provided:

Signed and dated:

Demographic details checked against SystemOne Record Yes*
**if any details do not match DO NOT PROCEED.*

Ensure correct records retrieved Yes**
***ENSURE correct record has been retrieved by checking etc.*

Username and password handed to patient directly Yes/No

Username and password to patient electronically Yes/No

I (name)_____ have ensured that I have robustly checked that I have granted online services to the correct patient.

Signed_____ Date _____

PLEASE SCAN THIS DOCUMENT TO RECORDS